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CLINICAL LECTURES.

TIC DOULOUREUX—FAVUS—CHOREA—ILEO-COLITIS WITH ULCERATION—HALLUCINATIONS, ILLUSIONS, AND DELUSIONS.

A CLINICAL LECTURE DELIVERED AT THE JEFFERSON MEDICAL COLLEGE HOSPITAL.

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[Reported by WILLIAM H. MORRISON, M.D.]

GENTLEMEN: The case before you is one of violent pain in the distribution of the fifth pair of nerves on the right side of the face. This pain comes on paroxysmally, several times in the course of the year, the duration of each seizure being three or four days. The pain is excessively severe and so angonizing that the patient has a very distressing time, is unable to sleep, and scarcely able to partake of food. There are certain tender points developed by pressure. One of these is at the chin over the branch of the inferior maxillary, one under the eye, and one over the orbit, where the main distribution of the nerve becomes superficial. These points are often spoken of as the tender points of Valleix, because this observer, in his great treatise on neuralgia, was the first to give them adequate description. These points are found where the nerve becomes superficial. They may be detected by passing the finger along the nerve until the tender point is reached. They are not always in these fixed positions, yet so often do they occur in these situations, that they may be described with a certain degree of accuracy, as being attendants of the malady. In the present case, the tender points occur at the spots at which they are usually found in this affection.

What is the nature of the malady? Pain in the distribution of the fifth pair of nerves, paroxysmal and of intense severity, are the symptoms referable to this nerve. If, however, you look intently at the patient's face, you will, I think, see certain symptoms referable to the seventh nerve, which innervates the muscles of expression. The muscles of this side of the face are occasionally thrown into spasm. To these spasms we apply the term *histrionic*, that is, a spasm of those muscles which give to the human countenance its characteristic expression. These histrionic spasms are frequently observed in this disease, which is called *tic douloureux*.

These spasms are reflex. Why? If you bear in mind the anatomical arrangement of the nucleus of the fifth and seventh pairs of nerves, you will have no difficulty in answering this question. There is, also, a close connection between the fifth and the pneumogastric. We learn also, clinically, that they are very closely connected; for example, in disease of the stomach, nothing is more common than pain in the head. Migraine is frequently associated with disorders of the stomach. In cases of disease of the fifth nerve, nothing is more common than nausea and vomiting. We explain the occurrence of histrionic spasm in this case and the stomachal symptoms, by this anatomical and physiological connection.

The malady is then *tic douloureux* or neuralgia of the fifth nerve. What is the outcome of such a case? for this is an important point.

As you have learned from your reading, *tic douloureux* is a formidable disease. In this case the paroxysms occur only three or four times during the year, but if it behaves like most cases of this affection do, the paroxysms will increase in frequency, and the patient's life will ultimately become intolerable, unless we succeed in arresting the disease.

What is the causative condition? The patient is a married woman, who has had eight pregnancies and nine children, and, in addition, has had four or five miscarriages; so that this function has been kept actively engaged. She is now nursing twins. This, of course, has an exhausting effect upon the nutrition of the body, and especially upon that of the nerve centres. We should also look for other sources of irritation. We should search for decayed teeth, derangement of the stomach, and the existence of worms in the intestinal canal. If there are any sources of reflex irritation, they should be removed. Is there any specific, constitutional taint? The character of the pain does not indicate a specific trouble. If the paroxysms were due to specific disease, the intermissions would probably not be so great as here; the paroxysms would be nocturnal, and there would be other evidences of specific disease, which do not exist in this woman. This, therefore, appears to be an ordinary case of *tic douloureux*.

How shall it be treated? All sources of irritation should be removed, and if there is any constitutional taint it should be remedied. We must next relieve the irritability of the fifth nerve, in which the disease essentially consists. For this purpose, the best remedy is, I think, injection of a few drops of chloroform at the points where the nerve becomes superficial. The proper procedure consists in the injection of five to ten drops of chloroform at the supra-orbital notch; the same at the infra-orbital, and also near the mental branch. You have noticed that in the case of a decayed tooth, the pain subsides when the swelling begins; so in this case when the swelling appears, the pain subsides. This does not act like a hypodermatic injection of morphine. It does not affect the centre of conscious impression. It merely impairs or removes the power of the nerve for conveying that peculiar condition or sensation which we call pain, which is, doubtless, a molecular modification of the nerve. From the point of impact to the centre of conscious impression there takes place a series of such molecular modifications, and the impression when it reaches a certain part of the brain is translated into consciousness. By making an impression on the nerve trunk, we interrupt the channel of communication between the point of impact and the part of the brain where it is translated into consciousness. A few drops of chloroform will effect marvels in these cases, as I have repeatedly seen.

There are other things to be done. Great relief is often afforded by galvanization, the continuous current being passed through the nerve. As the positive pole usually gives the most relief from pain, it should be placed over the point where the symptoms are most marked, while the negative pole is placed over an indifferent point.

We should, I think, illy discharge our duty, if we limited ourselves to these measures. The condition of anæmia should be treated. This patient's face is more or less flushed, but there is a condition of anæmia, notwithstanding. The flushing is temporary and due to paresis of the vessels, allowing them to dilate and more blood pass into them for the time being. The internal remedies will consist of iron, manganese, strychnine, and nerve-tonics of that stimulant group.

Favus of the Scalp.—This is a case which I think you can diagnosticate from your seats. What is that malady which consists in such yellow crusts as are seen on this young man's scalp? Every hair is surrounded by crusts, which consist in part of the epithelium from the epiderm, but more particularly of the parasites, which are an essential element of this disease viz: The Achorion Schönleinii. This fungus will probably be found in this case. The results of microscopical examination enable us to distinguish it from eczema impetiginodes which closely resembles it.

What is the treatment? The first point is to shave off every particle of hair, and to carefully remove every crust. In this case, it would be a good plan to apply a flaxseed poultice. This would be used simply for its mechanical effect in softening the crusts; then the hair should be thoroughly shaved off. We then have a surface on which remedies may be applied with a hope of good results. One of the best applications after the scalp has been thus prepared is simply tar ointment. Another capital application is cod-liver oil. This is

thoroughly and repeatedly rubbed in, and a dressing of it retained by a cap made to fit the head, so that the oil may be kept constantly applied. A useful remedy is the brown citrine ointment. I do not refer to the ordinary citrine ointment, but to that in which cod-liver oil replaces the olive or cotton-seed oil, used in the preparation of the ordinary citrine ointment. This should be thoroughly rubbed in also.

In addition to the measures mentioned, we may employ a parasiticide. One of the most effectual of these is a solution of bichloride of mercury, of a strength of a scruple to the four ounces of water, care being taken when the skin is broken. The strength which I have mentioned is the maximum. If the skin is abraded and there is an opportunity for absorption, this solution should be much reduced. Carbolic, salicylic, benzoic acids and resorcin are remedies which may also be used for this purpose. The last is an excellent application. It is used in the dry state after the scalp has been prepared, as just stated, by being thoroughly powdered over the affected surface.

Three Cases of Chorea.—Here are three children—two girls and a boy. I place them in this conspicuous position, because the attention which is attracted to them increases the nervous agitation and develops the points of their malady. I ask them to hold out their hands, and you notice the boy and one girl are affected by constant irregular movements on the left side of the body, and that in the case of the other girl the movements extend to both sides of the body.

These you at once say are cases of chorea, hemi-chorea in two, the disease being limited to one side, and in the other the chorea is bilateral. When they protrude their tongues, you see that the choreic movements extend to this organ in part. The two girls are distinctly anæmic, but the boy is well nourished.

Are there any complications? Auscultation reveals in the smaller of the two girls a bellows murmur, having its greatest intensity over the mitral area. If the greatest intensity of the murmur were at the base of the heart, and it were soft and propagated in the direction of the great vessels, it would have less importance. The position in which it is found gives it a very different signification. As you probably know, there is a cardiac complication in fifty per cent. of all the cases of chorea. There is a close analogy between chorea and rheumatism. Dr. Hughlings-Jackson maintains that the phenomena of chorea are due to minute embolism of the vessels of the corpora striata. This theory has not been generally accepted, yet there probably are cases which might be thus explained. In fact, up to the present time, there has been no adequate explanation of the relation between the cardiac troubles and the choreic phenomena.

Chorea consists, then, in this irregular jactitation of the muscles. These spasms are clonic in character, not at all tonic. The muscles are perfectly relaxed while the movements are being made.

In the treatment of such cases, the systemic condition of the patient becomes an element of importance. In this boy we may eliminate anæmia. He is in fact a veteran, this being his third attack after a long interval. The two girls are distinctly anæmic. It will be necessary to improve the general nutrition and increase the globular richness of the blood. In these cases carbonate of iron (Vallet's mass), suspended in water with the aid of glycerine and combined with Fowler's solution, is a valuable remedy. You will at once say that in such a combination arsenite of iron will be formed. In making prescriptions in which the arsenite of iron may be formed, it is important to direct that the bottle be well shaken before administration. Arsenite of iron is a very useful remedy, if you give enough of it. Patients will bear large doses of it. In a child of eight or ten years I should give not less than five to ten grains of the carbonate of iron, with five or ten minims of Fowler's solution. To these girls I shall give five grains of the carbonate of iron and five minims of the arsenical solution. This prescription is intended to promote constructive metamorphosis, and arsenic is also a so-called tonic to the nervous system. It is important to diminish the irritability of the nervous centres, for in the irregular explosions of nervous force consist the convulsive movements. We should try to obviate this explosive condition by the use of appropriate anodynes. I have seen great good from large doses of morphine as recommended by Trousseau. He has given as much as fifteen grains during the twenty-four hours. That sounds extravagant, and when I first saw the statement I thought that it must be a typographical error. I found on further investigation, however, that Trous-

seau had for many years prescribed these enormous doses of morphine in cases of chorea, with excellent results. It would of course be altogether improper to use such large doses of morphine in these cases, because the disease presents itself in such a mild form. If they were unable to sleep and if the motion was so incessant and violent as to cause denudation of the bones, as I have seen, this treatment would be justifiable.

It is highly important to give quiet, undisturbed sleep. For this purpose a sufficient quantity of chloral or bromide of potassium, or, better, bromide of sodium, should be given at night.

Attention to the hygiene is very necessary. Those of you who have watched the discussions on this subject which have been carried on during the last ten years, especially in England, will have seen the statement that chorea is much less influenced by drugs than has commonly been supposed, and that more dependence is to be placed upon hygienic measures.

If these girls were in quiet homes, in rooms somewhat darkened, free from all sources of exterior agitation, and at the same time given an abundant supply of food, they would improve much more rapidly than if exposed to emotional disturbance, sent to school, and not sufficiently supplied with food.

The treatment will then consist in a strict attention to hygiene, the administration of iron and arsenic to promote constructive metamorphosis and relieve that mobility of the nervous system which shows itself in these explosions of nerve force; and the use of ten grains of chloral with twenty grains of bromide of sodium at night to produce undisturbed sleep. They will receive a generous diet and be kept in-doors, being allowed to take only sufficient out-door exercise to keep up the general health. This exercise will be taken when the streets are most free from excitement. The bowels should be opened regularly, care being taken that no fæcal accumulations be allowed to exist. If there should happen to be worms, they should be expelled.

Ileo-Colitis with Ulceration.—Here, gentlemen, you see a rather anæmic looking boy with pale lips and a pallid countenance. Not only is his face pallid, but it is also sallow. We learn that he has had for several years attacks of diarrhœa, with the discharge from the bowels of fæces, more or less liquid, containing a large amount of mucus streaked with blood, and at times a considerable amount of blood. There has evidently been a chronic ileo-colitis. It is not a case of chronic diarrhœa, nor is it a case of chronic dysentery pure and simple. As you know, the term diarrhœa is applied to the discharge of liquid stools, while the term dysentery is restricted to discharges without proper fæces, and consisting in large part of mucus and blood. Here there is a combination of the two. In other words, the ileum and colon are both involved; so much so that nutrition is evidently suffering, the proper food supply not entering the blood. The disease has lasted for a long time, and from what we can learn, the stools are of a very unhealthy character. There probably is not only relaxation, but also more or less ulceration. The bloody and purulent stools lead to this supposition. There is, doubtless, ulceration about the follicles of the intestine. There is also enlargement and thickening of Peyer's patches and of the solitary glands. This is of course not the change found in typhoid fever, but the condition peculiar to this state of the bowel in children.

The therapeutical diagnosis consists in the use of measures to change the condition of the mucous membrane, to arrest the discharges, and to administer that form of aliment which will best agree under the circumstances.

The most important point is in reference to the diet. This is too much neglected, and hence I never lose an opportunity to dwell upon this point. We learn from the grandmother that this child has been fed to a great extent on barley- and rice-water, and has gone for days on little more than this and milk and water. You will find in nine out of ten of these cases that the parents have been giving what they consider a light diet, composed of such articles as have been mentioned. Such a diet is entirely wrong. Why? Because these starchy foods are digested and put in a condition for absorption in the small intestine. If this portion of the intestine is diseased, how idle to throw upon the damaged organs this additional task? The starches are not digested, and therefore undergo fermentation and decomposition, with the production of irritating acids. The fats are, as we know, emulsionized and put in a condition for absorption in the small intestine. If these fats are not emulsionized, what happens? Very irritating fat acids are

produced in the intestine when the fats undergo decomposition. The administration of fats and starches increases the irritation of the mucous membrane and keeps up the diarrhœa.

What is a suitable diet? Milk, skim-milk, eggs, fresh meat, and beef-juice may be used. The latter is one of the best. I do not mean beef-tea, for nothing has been more conclusively shown than that beef-tea is not a food. It is nothing more than a stimulant. The chemical composition of beef-tea closely resembles that of urine, and it is more an excrementitious substance than a food. In preparing beef-juice, the lean part of the beef should be selected. This should be cut into thick pieces about the size of a lemon-squeezer. The pieces should be next placed upon a hot coal-fire for a moment, to scorch the exterior. The meat is then transferred to the lemon-squeezer, which has been warmed by dipping in hot water, and the juice pressed out and allowed to flow into a glass, which has also been heated. The juice is seasoned with a little salt and cayenne pepper, if the patient desires it, and taken immediately. In this way the nutritious elements of the meat are obtained, and the slight scorching develops constituents which give the peculiar flavor to cooked meat. A tablespoonful of beef-juice may be given several times a day.

Eggs may be used if they agree, but often the fatty matter of the yolk will disagree. The white of egg may, however, be taken, for the albumen is disposed of in the stomach. It may be prepared by beating it into a foam with a fork, adding a little ice-water and a few drops of wine to flavor it. Too much wine should not be used, or the egg will fall flat. You see that the principle on which the diet is to be based, is the administration of those elements which are disposed of in the stomach, and do not require the aid of the intestines in their digestion.

The remedial measures based upon the therapeutical diagnosis, consist in means for relieving the ulceration of the intestinal canal. An excellent remedy is bismuth in large doses. I shall give this boy fifteen grains of sub-carbonate of bismuth with a quarter of a drop of carbolic acid or creasote, suspended in water with the aid of a little glycerine. That should be given frequently. Opiates should not be administered if they can be avoided, for opium does not cure, although it may lock up the bowels. If the passages are frequent and accompanied with great straining, good results are had from rectal injections of a few drops of laudanum.

Instead of bismuth, we might employ oxide of silver, sulphate of copper, or sulphate of zinc. Sometimes ergot does well. The same is true of extract of nux vomica. When the biliary secretion is deficient, capital results are often obtained from the use of phosphate of sodium. In the present case, I shall use bismuth and carbolic acid in the manner mentioned. The object of the carbolic acid is to prevent the fermentation which is liable to occur.

The dietetic treatment is, however, the chief means, but we may also use with great advantage, warm baths and counter-irritation of a very mild type, such as the application of a capsicum plaster. No severe counter-irritant should be employed.

Hallucinations, Illusions, and Delusions.—The patient now before you may be disposed of in a few minutes. He was before the class a year ago. He is a painter by occupation, although for the past few years he has retired from business, so that he has not come in contact with lead. It is not a case of lead poisoning, although it is probable that lead has something to do with the state in which we find this patient. He is 62 years of age, and has more or less rigid vessels, more particularly affecting the vessels of the brain. He has persistent headache, attacks of vertigo, and is of a gloomy, despondent disposition. He also has a delusion of a peculiar kind, which he has not been able to describe. The delusion is that there is something within him which moves outward; some sort of a thing which he cannot define, and of which, although I have repeatedly questioned him, I have been unable to obtain any definite conception. A year ago, this something seemed to affect persons and things near him. He has, however, so much improved during the past twelve months that he recognizes that this outside body has no existence, but he still thinks that it is within him.

My object in bringing this patient before you is not to refer particularly to his condition, but to give you a few points in reference to the distinction between hallucination and illusion on the one hand, and between hallucination, illusion, and delusion on the other. After you have begun to practice you may some time find yourself before a court, and a sharp attorney will put questions something

like these to you: What is the distinction between a hallucination and an illusion? and what is the difference between a hallucination, an illusion, and a delusion? It is an unpleasant predicament to be in if you are not able to answer these questions.

A hallucination is a disordered mental conception. It is something in the mind. The mind conceives that to exist which has no existence. If I, looking at the table on which there is nothing, fancy that a man is sitting on the table, that is a hallucination. If, however, there be a chair on the table, and I fancy that the chair is a man, that is an illusion; that is the perversion of an object which exists. A hallucination is the mental conception of that which has no existence, while an illusion is the perversion of an object which does exist.

What is the distinction between hallucination, illusion, and delusion? A hallucination, as in the case before us, may also be a delusion, provided the individual is unable to see that he is the subject of a hallucination. In other words, if the hallucination is real to him, and his reason cannot correct it, or your reasoning cannot convince him, then he is deluded, or that is a delusion. Again, if the perversion of an external object which we call an illusion, is real to the individual, and he cannot be convinced of the error of his perception, then he is the subject of a delusion.

PAROVARIUM CYST—INCONTINENCE OF URINE, THE RESULT OF RUPTURE OF THE URETHRA CAUSED BY THE REMOVAL OF A CALCULUS—PROLAPSE OF THE UTERUS AND OVARY.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

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[Reported by WILLIAM H. MORRISON, M.D.]

GENTLEMEN: The first case that I bring before you is one of abdominal tumor, in which I shall attempt to make the diagnosis. It is very humiliating to find how often these tumors baffle our efforts to determine their true character. The tumor is clearly cystic, and the question comes up, What is it? This information could probably be gained by tapping. But the golden rule in regard to ovarian tumors is not to tap. This is I think the opinion of all modern ovariotomists. There are several good reasons for this course. One of these is that after tapping, the cyst rapidly refills. About a year ago a patient came to me with an ovarian tumor, and I advised the radical operation; but she was not willing to have it performed, and desired me to tap her. This I declined doing, and told her that if I should remove the fluid, the sack would quickly refill, and in a short time the tumor would be larger than it was before. But this fluid is almost as rich as blood, and this would have been a great loss, almost equal to a hemorrhage. I did not remove the fluid, and she is still waiting until she can summon up courage enough to have the operation performed. If I had done as she desired, I should probably have been compelled to remove the tumor two or three months later. The second reason against tapping is that an ovarian cyst is almost always a polycyst, consisting of one large mother-cyst and a number of small child-cysts. The latter remain small on account of the pressure of the fluid in the large cyst. If, however, the fluid is removed, these thousands of child-cysts rapidly grow and fill up the mother-cyst, so that when the time for operation comes, instead of there being one large cyst which can be evacuated and the collapsed cyst drawn like a wet rag through a small abdominal opening, there will be practically a solid tumor made up of a large number of child-cysts which cannot be opened and which will need a large opening for its removal. Another objection to tapping is the risk of striking a vessel, either in the abdominal wall, in the cyst wall, or inside of the cyst, resulting in a fatal hemorrhage. Again, some of the fluid may escape into the cavity of the abdomen, causing peritonitis and adhesions.

Here is our patient. She has had this tumor for four years. This is not the usual history of an ovarian cyst, which lasts ordinarily not more than two years. When I merely shake her belly, you can plainly see the wave produced in the contained fluid. We do not see this in an ovarian tumor, which is almost always too tense for such an experiment. From its flaccidity it might be supposed that this was dropsy of the abdomen. But this is shown not to be the case by the absence of resonance in front, where the intestines would float. Again, she is not so much emaciated as she should be if this was an ovarian tumor. Finally, she has not the distressed look so common in women with ovarian tumors. Taking these points into consideration, I am disposed to think that this

is a case of dropsy of the parovarium. In the broad ligament of each side close to the ovary, there are a number of tubules which are the relics of a fœtal structure (the Wolffian body). One of these tubules often ends in a little vesicle about the size of a pea or a bean. This is called the hydatid of Morgagni, or the vesicle of Rosenmüller. One of these tubules is sometimes the seat of cystic degeneration. Usually such a cyst contains a clear fluid. I have here a number of specimens of the fluid which I have removed from such tumors, and you see that in all the fluid is perfectly clear and as sparkling as spring water. Observe the difference between these specimens and a sample of typical ovarian fluid. This is of a dark-brown or chocolate color, which is very characteristic, or it is turbid and gummy. Cysts of a broad ligament when tapped will in a certain number of cases, sufficiently great to warrant the operation, disappear and not return. Sometimes the cyst will partly refill and then disappear, just as when a hydrocele is tapped and iodine injected; in a day or so the hydrocele will be larger than before, but then absorption takes place and the liquid disappears. Some operators say that tapping will cure the majority of cases of cyst of the broad ligament. Judglng from my own experience, I should say that in about half of the cases the cyst does not refill after the operation. As I have said, I consider this to be a cyst of the broad ligament, and I feel warranted in tapping the tumor and giving her this chance.

Although the rule is not to tap in ovarian tumors, you will sometimes be compelled to do so; for all women have heard of cases that have recovered after tapping, and they wish it done, for tapping is not a very serious operation, while ovariotomy is. In order to tap with as little pain as possible, an extemporaneous freezing mixture should be made with a piece of ice wrapped in a towel, the uncovered end being dipped in salt and applied to the point at which the puncture is to be made. The point of election is in the linea alba, midway between the umbilicus and the symphysis. This line is chosen because it is a tendinous structure containing few bloodvessels, and thus the risk of hemorrhage is diminished. To show the painlessness of this mode of tapping, let me relate a case which I saw a number of years ago. I was attending a lady from the South who had a tumor which it was necessary to tap. She was a strong partisan, and was always talking about the late civil war, in which her own family was divided, fighting on both sides. She dreaded the tapping very much. When I went to perform the operation and while freezing the part, I got her to talking on this subject, and when she had become sufficiently excited, I suddenly plunged in the aspirator. She did not feel it, but went on talking without knowing what I had done until I showed her the bottle of liquid. When I had removed the fluid I found that there was no adhesive plaster to apply over the puncture; so in order, as I said, to punish her for her radical opinions, I stuck on a postage-stamp, with the effigy of Lincoln or Stanton, I forget which. The subsequent history of this case was a sad one. She returned home, the cyst refilled, and she was about to come back for the operation, when in a moment she died from disease of the heart. This reminds me of another case which I saw two years ago. I was asked to see a woman with the womb retroverted and a prolapse of the ovary. She was also suffering from heart disease. The uterine symptoms gave her the most uneasiness. I told her that the heart disease was the worse, and that she should try not to pay so much attention to the condition of the womb. I saw her two or three times in consultation. Yesterday I met her physician and asked how she was. He told me that a few days before he had gone to see her by appointment. She could not be found in the house or at any of the neighbors. After staying nearly an hour, he told the sister that the patient had probably forgotten the appointment, and that he would call again. He had reached but a short distance from the house when he was summoned back by loud cries. The lady had been found dead in the water-closet. The excitement of looking for the physician's visit had compelled her to empty her bladder, and she had suddenly died.

The part is now sufficiently frozen to plunge in the aspirator. The fluid which appears is, as you see, perfectly clear, showing that I am correct in my diagnosis. There is no doubt but those instances in which so-called ovarian tumors have been cured by a simple tapping, have, in the vast majority of cases, been examples of parovarium cysts. Cases in which the cyst has been ruptured by violence, such as a runaway, and has been followed by recovery, have been probably of the same nature. In

the majority of parovarium cysts the fluid is bland and unirritating, while in ovarian cysts it is usually acrid, and collapse and death follow its entrance into the peritoneal cavity. The so-called bursting cysts, in which the cyst repeatedly ruptures on the slightest provocation and refills, are either parovarium cysts or cysts of the hydatid of Morgagni. In one case which I had under my care, the cyst burst four or five times. Each time it ruptured, the woman had colicky pains, and had to go to bed for a few hours. After which she would pass large quantities of urine. I finally operated, and found both ovaries diseased.

Is there any danger from aspiration? It is noted in many books, and also in the first edition of my "Lessons in Gynæcology," that when a specimen of fluid is desired for diagnosis, a hypodermic syringeful may be removed with safety. This is a bad piece of advice; one which I now unhesitatingly condemn. Patients have died as the result of this simple operation. The danger is that in a tense tumor a little fluid may ooze through the opening, however minute. If the fluid be of this character, no harm will be done; but if it be ovarian, and particularly if thick and glutinous, fatal peritonitis may ensue. If any fluid is to be removed, the cyst should be wholly emptied to prevent any oozing into the abdominal cavity. As it will take some time to pump out all of this fluid, and as enough has been obtained to determine its character, I shall have the patient removed to our ante-room, where the aspiration will be finished.

Incontinence of Urine, the Result of Overstretching of the Urethra caused by the removal of a Vesical Calculus.—The next patient I have not yet examined, but she states that she had a stone in the bladder which was removed by incision through the roof of the vagina; but the opening did not close up, and that a second operation was performed, which was a failure. From this history, I should judge that there is a vesico-vaginal fistula which has been produced artificially.

This case brings up the question of stone in the bladder. This affection is much more rare in woman than in man; the proportion probably being one woman to ten men. One explanation of this difference is that men live more dissipated and exposed lives, and are more liable to have renal disease. Another reason is that when a stone enters the bladder of a woman, it is more apt to pass through the urethra, which is not only of a large bore, but is short, being only about two inches in length, and there is also no prostatic gland to detain it. It used to be a catch question in my medical student days, "Where is the prostatic gland of the female?" In a large proportion of the cases of stone in the bladder of the female, the calculus is formed around a foreign body introduced into the bladder. It is astonishing how many hair-pins, pencils, and articles of that kind, are found in the female bladder, either as a result of prurient habits or of curiosity. An article of this kind is introduced into the urethra, slips from the grasp, and enters the bladder. Occasionally the male will do the same thing, but this is rare.

Some years ago I was very much mortified by something that happened to me; but it is by our blunders that we gain our best lessons. A woman came to me suffering from some disease of the uterus. With this was associated tenesmus and irritability of the bladder. Almost every woman who is at all run down and suffers from nervous exhaustion and uterine disease, will have some bladder symptoms. So I did not pay much attention to the vesical trouble, until one day she brought me a small stone which she had passed, and her bladder symptoms disappeared as if by magic. Since that time I have made it a rule, with but few exceptions, to examine for stone where there are symptoms which can be referred to the presence of a calculus, and once in a great while I have been rewarded by finding one. In examining for stone in the bladder, the ordinary uterine sound is a good instrument, but I always carry with me a female bladder sound. The sound is to be passed into the bladder and moved in every direction, and the floor of the bladder is to be lifted up by the finger in the vagina, so that the sound may reach every portion of that viscus. Unless the calculus is encysted it will not often escape detection. In the vast majority of cases there is no stone; but when it is found and the symptoms are relieved, it is a source of great gratification. I know of no one who is more grateful than a patient who is relieved of a bladder trouble. A patient who cannot pass his water is willing to give the surgeon who relieves him almost any sum. The story is told of a noted surgeon of this city, who, having received a check for a large sum immediately after relieving a

patient with retention of urine, handed it back with the remark, "You feel very grateful just now, but wait until to-morrow and give me what you then think my services are worth."

How large a stone are we warranted in removing by the urethra? My own opinion is that a stone one inch in diameter could be removed with safety, provided the operation be done slowly and cautiously. My plan is to first dilate the urethra with the uterine dilator until I can introduce my little finger. After coaxing the little finger into the bladder, I substitute my index finger. I can then touch the stone and make out its form and size. The stone is then caught at its small end by the fenestrated forceps and withdrawn. If it were larger than an inch in diameter, I should either crush it or else remove it through an incision in the median line of the vagina. In performing this operation, a sound is passed into the bladder and the curve reversed, so as to cause the upper wall of the vagina to bulge, and an incision is made on the end of the sound in the median line, beginning beyond the neck of the bladder. If the neck of the bladder be included in the incision, the opening is not easily closed on account of antagonistic muscular fibres. The incision is to be made as large as is needed for the extraction of the stone. If there has been cystitis with a good deal of disturbance of the bladder, it is wise to not close the opening. Often it will close of itself, and if it does not, the operation under these circumstances is not difficult, for the opening has been made in an accessible position. If a stone of a diameter greater than one inch is removed through the urethra, incontinence of urine is liable to follow.

Let us now turn to the patient. The proper way to examine for a vesico-vaginal fistula is by placing the woman in Sims's position and using his speculum. I do not see any fistula, but there was a gush of urine from the urethra, and I find that the meatus has been torn. My impression is that the stone has been removed through the urethra. This is not a case of vesico-vaginal fistula, as I had supposed from the history which she gave. I can without the slightest trouble introduce my little finger into the urethra. It was a lady who performed this operation, and as I know her to be a skillful and able physician, I feel it but just to advise the patient to go back to her for relief. If she declines to return, I shall operate, and that by denuding the lips of the torn meatus, and stitching them together with the finest wire. If incontinence continues after this, I may burn the urethra with Paquelin's cautery, in order to contract it. In speaking of this case, do not understand me as casting any reflections upon the lady who performed the operation. This accident has often enough happened to male practitioners. It may yet happen to me. The stone may have been larger at one end than at the other, and the small end may have been grasped by the forceps, while the upper end may have torn the urethra. We are not prophets, nor even the sons and daughters of prophets.

Prolapse of the Uterus and Ovary.—I shall occupy the few remaining minutes of the hour in calling attention to our third patient, who comes to us for a diagnosis. She is a married woman, has had one miscarriage and two children since the miscarriage, the youngest of which is seven months old. She has been ailing ever since. She is nervous, has "trouble with her heart;" she throws up everything she eats, belches a great deal of wind, and has costive bowels. Two days ago she had a slight menstrual show, the second since the birth of the child.

Examining *per vaginam*, I find a slight laceration of the cervix. The womb is anteflexed and prolapsed. Behind it I feel a little body which is very painful to the touch. It is a prolapsed ovary. This dislocation I consider to be a secondary trouble. There first was a disturbance in circulation, as the result of nervous prostration, nursing the child, worry, and the like. Too much blood was sent to the womb and ovaries. The ovary became heavy and sagged down. She has bearing-down pain, and she finds it easier to walk than to stand still in one position. Why is this? If I stand still and allow my arm to hang down, the veins become distended, and my hand swells. But when walking the arm is in motion, and the play of the muscles keeps up the circulation and prevents stagnation.

In the treatment of such a case there are a variety of things to be done. If possible, she should wean the child. She should take malt, either directly before, after, or during each meal. During the first week or two I should give her my favorite preparation:—

℞. Ammonii chloridi . . . ℥ij.
Ammonii bromidi . . . ℥iv.
Infus. gentianæ comp. . . ℥vi. Solve.
Sig. A dessertspoonful in water 3 times a day.

The bromide acts as a sedative to the unruly nerves, and the chloride is an excellent remedy in glandular enlargements, such as that of the ovary, and it also stimulates the liver. The infusion of gentian will tone her up. In a week she will return, telling us that she is much better. In one or two weeks more we shall give her some preparation of iron.

In reference to the prolapsed ovary: There is no use in inserting a pessary to hold it up unless the patient can be kept under observation, for the ovary is liable to slip down behind the pessary and be severely pinched.

By giving the patient this preparation of bromide, we gain her confidence and prepare her for further treatment.

ORIGINAL COMMUNICATIONS.

AN APPEAL IN BEHALF OF THE MUTUAL AID ASSOCIATION OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

BY JOHN H. PACKARD, M.D.

Read before the Society, January 2, 1884.

IN the year 1878 there was formed and incorporated an association composed of members of the Philadelphia County Medical Society, with the object of "affording pecuniary aid to the widows and orphans of such members as require it, as well as to such members as from long-continued illness or accident may be compelled to seek such aid."

According to the by-laws (Art. V. Section III.), "No portion of the income of the permanent fund shall be disbursed for any purpose whatever until the permanent fund reaches the sum of five thousand dollars."

Now, in the nearly six years' existence of the association, it has not happened that the fund has reached more than three thousand dollars; so that as yet it has not been possible to extend aid to any of the applicants for it, although several cases of much hardship have presented themselves. Only ninety out of the four hundred members of the society are enrolled in the association. Twenty-seven have, by the payment of $50 each, become life-members. Four pay $10 yearly, and seven pay $5. Fifty-two are annual subscribers of $2 each. Twelve persons have, by subscriptions of $100 each, become Benefactors.

Believing that this thing ought not so to be, but that the object of the Mutual Aid Association is one which should enlist the sympathy and command the support of every member of the society, the Standing Committee of the former body has charged its officers with the duty of making an urgent appeal on its behalf. They cannot think that the entrance fee of $3, and the annual assessment of $2, are so large as to deter the members from joining, and the only assignable cause of the apathy with which the scheme has hitherto been regarded would seem to be that its beneficent character has failed to obtain full appreciation.

We claim not only that every member of the society should belong also to the association, but that those who have prospered should make further contributions, according to their means, for the relief of their brethren who have been overtaken by misfortune.

As to the need of such an organization, there can hardly be any question. The uncertainty of human affairs finds striking illustrations in the experience of the medical profession. Almost every number of the English medical weeklies contains appeals on behalf of men who have practised their high calling for years with honor and ability, but who are either destitute themselves or have left their families in want. Many such instances have occurred in this city within the last thirty years. Some of them have concerned men of wide and deserved reputation, who have been gradually involved until they were compelled either to suffer the direst straits or to accept of help from their more fortunate brethren.

The explanation of most of these cases is easy. A physician is obliged to live upon a somewhat expensive scale, in a good house, well-situated; and to maintain what is called a respectable style, which often means to incur expenses heavier than would be warranted by the actual returns from his practice. A growing family must be provided for and educated. It is all very well to say that these expenses should be kept down, but how is it possible to keep them down?

Under these circumstances middle life is reached and passed, and the man finds himself still toiling, with the consciousness that his powers are waning, but that he has not yet been able to lay aside something upon which to live at ease. Sickness comes, or even old age,—the sources of income are cut off; and he who has

given his best services, the untiring efforts of mind and body, to his suffering fellow-man, finds himself no longer able to maintain the struggle. The wolf is at the door, and as his closing scene approaches, there is added to bodily weakness and pain the knowledge that those near and dear to him must not only be left, but left destitute.

There is yet another class of cases. The battles which we fight with disease are not unattended with danger to ourselves. The history of our profession contains not a few names of those who, in trying to save others, to allay their pain and ward off the final enemy, have themselves been victims. Many of these, in the prime of life, with worldly success not yet achieved, have been cut off before they had the chance of placing their families beyond the reach of want.

Every victory has its wounded and fallen, even on the side of the victors. In every march there are those who faint by the way, not always by fault of their own. And it is for the strong and brave, for those who win the laurels, to succor their comrades to whom fate has been less kind. Nor can we fail to recognize the claims of those who are left destitute,—the wives and children of the men who, living, were in our ranks, and stood as our brethren in the eyes of the world.

We would not appeal to the sordid motive derivable from the idea that the benefits of this organization may one day be gladly accepted as a boon by any one of us. But we do urge that the fruits of success in life are far sweeter to those who have not been unmindful of the needy; and that when the utmost triumph has been achieved, the man who has won public confidence and professional esteem will wear his honors with a purer satisfaction, if he has done his part in aiding those who have met with misfortune.

In conclusion, we call upon the members of this society to come forward and help in the work of making systematic provision for the relief of such suffering as may occur within its own ranks, or to those dependent upon their "brethren who have waxen poor," as the Scripture has it. Similar enterprises in New York have been nobly carried out, and have been productive of untold good. Shall we be less prompt to respond to the claims of mercy and charity? We leave the case with you, earnestly hoping that you will give it due consideration, and that every member of the society will use his means and his influence to promote the interests of a plan so deserving as that which has now been advocated before you.

DUQUESNEL'S ACONITIA IN FACIAL NEURALGIA.

BY M. LANDESBERG, M.D.

IF I had needed a crucial test that the usual remedies at our command to combat one of the most common affections of the human species—neuralgia—are still far from answering our aspirations, my communication in the Medical and Surgical Reporter, November 6, 1880, of "A case of neuralgia of the first branch of the fifth pair, of six years' duration, cured by Duquesnel's aconitia," would have furnished me with such a test. To judge from the numerous letters I received from different sections of the States, the fact of a permanent cure, effected by Duquesnel's aconitia, in an obstinate and inveterate case of facial neuralgia, must have made a deep impression on the minds of physicians, all of whom had to tell me of frequent failures in treating neuralgia with the usual remedies. My first success with the use of Duquesnel's aconitia did, however, not betray me into regarding the remedy as the panacea in neuralgia and kindred affections. I knew perfectly well that the marvellous effect obtained in one instance is not the warrant of a similar issue in another. Disease, like individuals, has to be considered in *concreto*, and general conclusions can only be derived from a great number of observations made under the most varied circumstances. In this way only are we able to learn the intrinsic value of a remedy, and the end will be reached the sooner if every observer would bear in mind that the report of failures is equally as instructive as that of favorable results.

I lay before the profession the results of my further experience with the use of Duquesnel's aconitia in facial neuralgia. It is not my intention to give the results as an argument pro or contra. I merely relate facts, the practical deductions from which every one may draw for himself. A profitable lesson in regard to the knowledge of the remedy may be learned as well from what it accomplished as from what it failed to do.

Duquesnel's aconitia is one of the most

powerful remedies, and one of the most energetic poisons, and great caution has to be used in its administration. We have to individualize each case; the experiences obtained in one instance are not reliable in the other. The safest course to pursue in all instances is to give the remedy in divided doses at stated intervals, beginning with doses of $\frac{1}{150}$ of a grain, and gradually increasing to $\frac{1}{100}$ or $\frac{1}{80}$ of a grain three times a day. The susceptibility of patients is extremely variable. Some bear the largest dose without any disagreeable after-effect, while in others toxical symptoms are manifested by the smallest dose. In view of these facts, we have to watch carefully the patients from the very beginning of the treatment, and suspend the medicine for a day or two when the patient complains of the slightest sensation of numbness in his limbs or of tingling in the tongue. If we proceed in this way, no injurious consequences or fatal coincidences are to be apprehended, and the remedy may be continued for a longer time without any fear of its becoming accumulated in the system. In debilitated and nervous patients, it is advisable to begin with $\frac{1}{250}$ of a grain *pro dosi*, and to continue with the same dose for a few days. If the condition of the patient warrants higher doses, we may gradually increase the amount until the maximum ($\frac{1}{100}$ or $\frac{1}{80}$ of a grain) has been reached.

The history of the cases in which I tried Duquesnel's aconitia is briefly as follows:—

Case I. D., washerwoman, 43 years of age, has been suffering for the last nine years from neuralgia of the left side of the face, which had developed consequent upon a blow against the left eye. The attacks occur at irregular intervals, sometimes once or twice a week, at other times once in a month or in six weeks, lasting from two days to three weeks. During summer the paroxysms take place at longer intervals, and are comparatively milder and of shorter duration. In winter the paroxysms are more violent and more frequent. Cold draughts and northern winds are mentioned to be amongst the predisposing causes in producing a paroxysm. The latter invariably begin with lancinating pains in the left side of the head, which radiate to the occiput and to the upper jaw. The upper lid and its surrounding parts become more or less infiltrated, hot and moist, and very tender to the touch. The eye is inflamed and shows marked lachrymation and photophobia. In many instances the acme of the morbid process is reached within six to ten hours, when the retrogressive course begins at once; in other instances the affection gradually and slowly develops to its full height, and remains in this condition for a few days. Hot poultices applied to the affected parts are the only means by which the intense suffering may be somewhat alleviated. During the night the patient has her head covered with heavy feather-pillows.

There are no evidences of morbid changes in the parts during the free intervals. Patient is a robust woman and a hard worker. All possible remedies had been tried without avail.

I ordered Duquesnel's aconitia to be taken the very moment patient felt the first symptoms of a neuralgic attack. The commencing dose was fixed at $\frac{1}{120}$ of a grain, and this was soon increased to $\frac{1}{80}$ of a grain three times a day.

The effect of the remedy was to alleviate at once the pain, to abate the symptoms of inflammation and irritation, and to shorten the duration of the paroxysm. But it had not the effect either to check the progress of the attack or to break it entirely. I allowed patient to take the medicine for eight weeks in succession, which she did without the slightest symptoms of intoxication having occurred. I suspect that she took the medicine longer by her own will; she liked it so much, being the only one which ever gave her relief. But, nevertheless, the attacks came on as before, modified in character, more bearable, and of shorter duration, restrained certainly, but not entirely subdued.

Case II. C., farmer's wife, 37 years of age, has been suffering for the last eleven years from facial neuralgia of the left side of the face, which had developed consequent upon malaria. Besides quinine, which she had taken in such large doses and for such a long period as to cause dyspepsia and partial deafness, all the ordinary therapeutic measures had been tried for years without the least effect. Some relief is obtained during paroxysm by application of ice-bags to the affected parts. The attacks are renewed at regular intervals of four weeks, almost in coincidence with the appearance of the monthly period, and last from three to four days. The cheek and the lower eye-lid become greatly infiltrated and congested, and there is a painful sensation of tension in these parts. The eyeball is red and swollen, and there is

marked lachrymation and photophobia. In some attacks there is also tumefaction of the upper eye-lid and its surrounding parts. The paroxysm reaches its acme within five to eight hours, which is indicated by the appearance of a yellowish mucous secretion from the left nostril, which abundantly flows. Most of the teeth of the upper jaw had been extracted. Patient, who had formerly been a healthy woman, is now debilitated and exhausted by her long and severe sufferings.

The administration of Duquesnel's aconitia I began with $\frac{1}{2\,6\,0}$ of a grain *pro dosi* three times a day; the highest dose patient could bear was $\frac{1}{1\,6\,0}$ of a grain. $\frac{1}{1\,2\,0}$ of a grain *pro dosi* caused numbness in the limbs and a sensation of heaviness, with tingling in the tongue. Patient took the medicine twice; each time beginning its use with the appearance of the first symptoms of the paroxysm, and continuing it for two weeks in succession. But it totally failed to bring about the least improvement.

Case III. A., colored woman, about 40 years of age, presents herself with the following conditions of the right eye: Globe slightly pushed forwards; ocular conjunctiva intensely congested and chemotic; lachrymal caruncle swollen; lids somewhat puffy; right cheek infiltrated, warm, and moist; marked lachrymation and photophobia; pupil contracted; vision normal.

She tells me that the present condition is only the final stage of a paroxysm, from which she has been suffering for the last three years, and which reappears about every five to six weeks and sometimes oftener, generally lasting from three to eight days. The attacks come on suddenly, without the slightest premonitory symptoms, beginning with intense pain in the forehead and the eyeballs, and followed within a few hours with tumefaction of the whole right side of the face. The eye always gets inflamed and protrudes from the socket. I ordered her a placebo, and instructed her to send for me the very day she feels the outbreak of a paroxysm. No expense would result from my visit.

When I was called to see the patient about three weeks afterwards, I found the following condition:—

Right side of the face greatly tumefied, hot, and puffy; eyeball extremely sensitive to the touch, prominent, chemotic, and congested; movements of the eyeball painful; pupil contracted; marked lachrymation and photophobia; sero-mucous discharge from the eye and nostril; right auricle scarlet and slightly puffy; intense neuralgic pains in the whole half of the head. The attack had commenced eight hours previous to my visit.

The use of Duquesnel's aconitia in this instance was magical in its effect. The height of the paroxysm was broken after $\frac{1}{4\,8}$ of a grain of the remedy had been taken; initial dose, $\frac{1}{1\,2\,0}$; subsequent doses, $\frac{1}{8\,0}$ of a grain three times a day. The third day of this treatment showed only few traces of the inflammation, and the recovery was completed on the fifth day.

Patient continued to use $\frac{1}{1\,2\,0}$ of a grain of the remedy three times a day for two weeks longer. She enjoyed perfect health for three months, which she had not experienced during the last three years, when a relapse of neuralgia occurred, provoked likely by great mental depression in consequence of the death of her only child. The attack was comparatively slight, and was quickly checked by the use of aconitia.

Case IV. Miss D., 27 years of age, has been suffering for the last five years from attacks of facial neuralgia of the left side of the face, of variable intensity and duration. The attacks are sometimes but moderate and run their course in a few days, to be repeated after a day or two of rest. They usually begin suddenly with shooting pains in the eyeball, which radiate to the side of the head, over the occiput, down to the molars and to the side of the nose. The eye becomes red, is sensitive to the light, and waters a great deal. The lids and the surrounding parts are somewhat swollen and warm. The acme of the paroxysm is generally reached within a few hours. In other instances the symptoms of inflammation and irritation are most pronounced. The whole left side of the face becomes tumefied, the eye-lids cannot be opened, and a serous effusion is discharged from between them and from the nostril. The paroxysm of pain is so intense that patient has to resort to inhalations of ether in order to get relief. Such attacks may occur once in three or four weeks to last about a week. All possible remedies had been tried without avail. Great mental depression, which patient had suffered shortly before the first attack occurred, is given as the possible cause of the affection. Mental depression or excitement of any kind never fails

to provoke a neuralgic attack. General health is very poor; monthlies are regular; no history of malaria.

The action of Duquesnel's aconitia in this instance was to check the milder paroxysms in the beginning, and to lessen the intensity and shorten the duration of the more violent ones. Patient is wont to take $\frac{1}{60}$ of a grain of Duquesnel's aconitia the very moment she feels the sensation of pain in the eyeballs, and to renew the dose after half an hour. The medicine, thus taken, has always the effect of producing a sensation of tingling in the tongue and of prickling in the fingers and toes. By this procedure the progress of this affection is checked altogether in many instances. The pain is immediately relieved, the infiltration of tissues is but slight, and recovery takes place in a very short time. Patient may have the attack in the morning, and be able to go out in the evening of the same day, which she had never been able to do before. But if the two doses of the remedy have not succeeded in breaking at once the paroxysm, it runs its old course, only in a much milder way and in a much shorter time. In these instances patient continues the use of $\frac{1}{80}$ of a grain of Duquesnel's aconitia three times a day during the whole duration of the paroxysm.

Case V. Widow B., 51 years old, has been suffering from left-sided facial neuralgia for the last thirteen years. The attacks are very variable in type. Sometimes they occur almost every day, but are slight and last only a few hours. At other times they are most violent and obstinate. Fresh exacerbations may follow each other in rapid succession. The symptoms of inflammation and irritation are most marked, as well in the left side of the face as in the eyeball. It sometimes takes many weeks before the attack has completed its course. In the free intervals the left side of the face presents a slight degree of hypertrophy. The lids are thickened, and the ocular conjunctiva is congested and slightly chemotic.

Eight years ago iridectomy had been performed on the left eye, under the promise that perfect health would be restored by the operation.*

Five years ago resection of the nerve had been performed, which however gave only relief for five months, after all medical means had been tried without success. Duquesnel's aconitia also failed to give any relief.

2006 Arch Street, Philadelphia.

* I cannot help suspecting that the physician who had performed the operation had been misled by some symptoms of the morbid process, and regarded the condition as "glaucoma," which he thought to cure by iridectomy. It is almost impossible that there should have been glaucoma, in view of the fact that the background of the eye, vision, and visual field present absolutely normal conditions.

MEDICAL PROGRESS.

Note on the Therapeutic Value of the Oleates of Nickel and Tin.—The unusual marked success which has attended the use of the oleates, has prompted the writer to continue his investigations at the Philadelphia Hospital for Skin Diseases, which has resulted recently in the formation of the oleate of nickel and the development of a therapeutic value to the oleate of tin. This new chemical oleate, similar to the oleate of tin, quinine, and others, which I first described as chemical salts in 1879 before the Pennsylvania State Medical Society, and again in 1881, was prepared by Dr. L. Wolff, of this city. It is prepared by the double decomposition of the nickel sulphate and sodium oleate, the chemist using the oleic acid of the U. S. P. in preparing the latter ingredient. I might add in this connection that oleates made from the impure oleic acid,—the so-called red oil of the candle-maker,—while cheaper, are neither certain nor decided in their action, and will often set up an irritation upon the skin when the opposite effect is desired. Some years of patient and careful investigation of the oleates, and a comparison of the therapeutical effects of the salts made from the pure acid of the U. S. P., and the impure or red oil, has shown positive and excellent results with the former, and disagreeable and very often irritating effects with the latter. I refer especially to the subject upon this occasion, as the bad results which have followed their use, in some instances, are due entirely to the irritating action of the impure oleic acid or red oil used by manufacturers in the preparation of the oleates. The oleate of nickel just referred to, is a green, amorphous, waxy, tasteless substance, having most decided astringent action, almost bordering upon the effect of a caustic. I have tested its effect in some chronic cases of eczema of the extremities, the skin being hard and of a leathery state, with some good results. The salt was used in from five to fifteen grains to the ounce of lard. It is also now being tested upon some old ulcers

and cancerous affections of the skin in the outdoor department of the hospital. The oleate of tin already alluded to, is prepared by the double decomposition of the tin chloride and sodium oleate. It is of a grayish-yellow appearance, unguent consistence, and possesses a marked metallic taste. It has been found to be of great utility in giving lustre to diseased nails that have been abnormal or deficient in growth. It assists by its local action in overcoming brittle, split, and soft condition of the nails that often follows certain skin affections and external injuries. It forms, especially when combined with a little carmine, an elegant article of toilet for the nails and surrounding cuticle, giving the parts a beautiful polish. It assists in relieving by its astringent action the ragged and attenuated skin of the base of the nails—agnails—that are so often observed from neglecting these important appendages.—Dr. John V. Shoemaker in *Journ. of the Amer. Med. Association.*

The Use of Nitroglycerine and Chloride of Gold and Sodium in Albuminuria.—From the Philadelphia letter to the Journal of the American Medical Association we copy the following, covering the remarks of Professor Bartholow on this subject at a recent meeting of the Philadelphia County Medical Society.

Starting with the proposition that albuminuria was essentially a neural affection, he pointed out two conditions found to exist: that in which the vascular supply was deranged by reason of the contraction of the vessels, a circumstance due to the heightened activity of the sympathetic nervous system. In such cases, nitroglycerine, by removing the tension of the peripheral vessels, lessened the work to be done by the heart, and had the effect of equalizing the general circulation, thus theoretically favoring recovery, and clinical evidence, he said, had confirmed this opinion. Second, a condition obtains in which there is an increased tissue formation, a hyperplasia, and these cases when seen at an early stage might be greatly relieved, if not entirely cured, by the appropriate administration of the chloride of gold and sodium, a remedy which resembles in some respects the action of corrosive sublimate. It is a remedy which appears to have a selective action on the sexual functions, but neither this nor its supposed value is a modern discovery, as the use of gold has been referred to by some of the most ancient writers; and in opposition to a generally received opinion that it was first used by Hahnemann, we find quite an interesting account of its history in that curious but antiquated work, "Burton's Anatomy of Melancholy," published, you know, long before the days of Hahnemann.

Treatment of Denuded Surfaces.—In cases where skin-grafting is usually demanded, Dr. M. H. Cryer (Med. News) suggests that a modification of the method which he has carried out successfully in the treatment of such instances occurring in horses, might be advantageously employed. The following plan was adopted: The dust accumulating in the currycomb by its application to the skin of healthy horses is thickly blown over the denuded surface until the parts are thoroughly covered, and in the course of a few days a marked change begins to discover itself around the edges, and in two months' time the part is covered with a good skin and a coat of hair of the normal length. The natural inference is that it will now be in order for some one to invent a human currycomb, and the advocates of skin-grafting will have to take a back seat, but Dr. Cryer says the epidermal scales from healthy horses may be similarly applied to persons, not only without danger, but with most happy effects; and in the case of riders who have been chafed from constant exercise in the saddle, this simple remedy will work wonders.

Boils.—Dr. John Aulde, following the suggestions of Dr. Sidney Ringer, has met with most satisfactory results by adopting the following plan. The diet is to be regulated, and if constipation exists, a teaspoonful of magnesia sulph. in a glass of cold water should be taken every morning before breakfast.

℞. Calcii sulphidi . . gr. iij.
Sacch. lactis . . . gr. xxx.
Misce bene et div. in chart., No. xxx.

Sig. Five powders daily at intervals, between meals.

By this method, beginning boils will be aborted, and those far enough advanced to threaten a siege of several weeks and successive crops, will soften and heal in such short time that the patient will be surprised at the result. When they can be obtained, granules containing one-tenth grain are to be preferred to the powders. The urine should be examined for sugar, as boils and diabetes often go together.

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Philadelphia, February, 1884

PUBLISHER'S ANNOUNCEMENT.

Contributions of interest to the medical profession, as reports of cases, trial of new remedies, accidents in practice, and results of original investigations are respectfully solicited. As THE BULLETIN goes to press on the 20th of each month, to insure insertion in the current number, all articles intended for publication should be sent to the Editor at as early a period as possible. Authors wishing reprints of their contributions are requested to communicate with the Publisher before insertion. Special arrangements will be made to pay liberally for original matter.

All books, instruments, apparatus, etc., sent for review will receive careful attention, and their merits impartially discussed.

Change of residence of physicians, items of professional interest, marriages and deaths, etc., will be published without charge. As also professional and business changes of physicians and pharmaceutists, provided the announcement does not exceed five lines.

The attention of the business community is directed to the superior advantages enjoyed by THE BULLETIN as a medium for advertising their wares. Advertisements inserted at very reasonable rates.

Our readers will confer a favor upon the Publisher by mentioning, while making purchases from our advertisers, that their attention was directed by the attractive style of THE BULLETIN'S advertisements.

Notwithstanding the enlargement of THE BULLETIN (and the Publisher will still further increase it should circumstances warrant) the subscription price will still remain ONE DOLLAR per annum, postage prepaid.

JOHN V. SHOEMAKER, M D., Publisher,
1031 Walnut Street, Philadelphia.

"The address of Professor Parvin, which appeared in our Educational Number, was printed from copy which we received directly from the hands of the author, and we believe it to be the only correct version of his lecture which was published up to that time."—*Medical Times.*

IN connection with the above, it should have been stated that the editor of the Times called on Professor Parvin, said he intended to republish his lecture, and that if there were any corrections he wished to make in the address as it had appeared in THE BULLTEIN, he would be pleased to have him make the necessary changes. It should also be stated that a copy of THE BULLETIN was handed the Professor and that some errors which had at first escaped his attention were corrected, and that the copy was in *fact* the copy of THE BULLETIN. Having been engaged in journalism himself, it probably never occurred to the Professor that it would ever appear and be claimed as an original production on the part of the editor of the Times; and here we leave the subject.

TREATMENT OF NEURALGIA.

THOSE of our readers who have frequently been baffled in the treatment of neuralgia, many cases proving rebellious under the most approved methods, will eagerly peruse and digest the observations of Dr. Landesberg in the present issue of THE BULLETIN. With his usual caution, Dr. Landesberg has included in his paper an account of the cases in which Duquesnel's aconitia proved to be unsuccessful, but the foundation has been laid for future work, and further research may enable us to determine more positively the particular cases in which this remedy may be used advantageously.

It may be added in this connection, that a new remedy has recently been introduced for the relief of neuralgia,—a one per cent. solution of hyperosmic acid, used subcutaneously. It has been employed in Professor Billroth's clinic in a few cases, and apparently with most gratifying success. It is said that one of the patients in which the remedy was used had been a martyr to sciatica for years, had tried innumerable remedies, including the application of electricity no fewer than two hundred times, had adopted vegetarianism for a whole year, but all in vain. The solution of hyperosmic acid was used hypodermatically, the point selected for injection being between the tuber ischii and the trochanter, and in the course of a few days the pain was greatly relieved, and *eventually* disappeared.

In determining the value of any remedy, however, it is unsafe to place dependence on exceptional cases, such as the one to which we have referred, an instance being recalled to the writer which forms an apt illustration of this suggestion. It was that of an old lady, well up in the eighties, who had been a sufferer every winter for forty-five years from facial neuralgia, and who was advised to apply to the affected part a woolen cloth saturated with spirits of ammonia. This she did without delay, and the following morning the pain had disappeared; but to make sure, the remedy was again applied with the result that there was no recurrence during the entire winter.

It would be folly to adopt any rule of thumb in the management of this malady, and the more thoroughly the remedies are understood the better will we be prepared to select those which are considered suitable; but it must be admitted that from this standpoint the advice savors of empiricism, although it does not detract from the value of the remedies, not does it lessen our esteem for the enthusiastic workers who pursue this line of investigation.

STAMMERING.

AN item is going the rounds of the secular press concerning the remarkable cure of a case of stammering. The victim of this affection had always been a sufferer, and until he read a selection from Dr. Dio Lewis in the Public Ledger of this city, he had been led to believe that there was no cure, and that if others grinned he must bear it. According to the instructions of the Doctor, he began by beating time with his fingers or toes, or whatever was most convenient, so that some particular movement was made with the enunciation of each syllable which he attempted to utter, and he was shortly rewarded by a marked improvement. Just about this time he attended church,—the record does not say that this was the first time,—but while listening to the outbursts of eloquence from a distinguished clergyman, he was greatly impressed with the idea that he had discovered a cue which was even more valuable than the one he had obtained from Dio Lewis. On putting his theory into practice it was found that his prognostications were correct, and now he talks with the volubility of an auctioneer. The secret he intends to keep, but he has agreed to instruct a few of his fellow-sufferers, and the main body of the great army of stammerers will come to a halt in the hope that he may be prevailed upon to attend church again.

It should not be allowed to go without contradiction, this idea that stammering is an incurable malady, as many cases can be greatly benefited, if not cured entirely, by faithful attention to certain principles, some of which may be mentioned. It is well known that no matter how much of an impediment there may be in one's speech when they attempt to talk, when they essay a song there is not the least difficulty. The points to be observed here are that singing requires the keeping of time, and besides the sounds are run together. Close observers have not failed to notice the comparatively small number of Germans who are afflicted in this way, and the reason for this condition will be readily understood when it is recollected that the German is one of the most perfect specimens of an agglutinative language which we possess. There is about it a peculiar softness and euphonious melody which is in striking contrast with the loud sonorous sounds of the Italian language. If these unfortunate subjects can be induced to take an interest in the measures which will be apparent from these suggestions, and will practice by repeating couplets or stanzas which are suitable, the advantages to be derived from it will soon be evident, but it requires patience and perseverance.

MUTUAL AID ASSOCIATIONS FOR PHYSICIANS.

IT is now nearly six years since a Mutual Aid Association was organized by members of our County Medical Society, and renewed attention is directed to the subject by the eloquent appeal of Dr. John H. Packard at a recent meeting.

As will be understood from the title adopted by the incorporators, the object of the association is the relief of its members who may be overtaken by misfortune in the discharge of duty. A by-law of the association prevents any portion of the income of the permanent fund from being used for any purpose whatever until the accumulations reach the sum of $5000; but so far this fund amounts to no more than $3000, and in many instances the originators have unfortunately found themselves handicapped by reason of the lack of money. Nearly one hundred members of the County Society have identified themselves with the association, a comparatively insignificant proportion of the whole; but the commendable features of the

enterprise are worthy a much more general recognition, and we heartily concur with its officers in urging our professional brethren to take an active interest in the matter.

The subject is one, however, which merits the attention of physicians everywhere, and we take advantage of the present opportunity for the purpose of emphasizing the timely remarks of Dr. Packard, who, in closing his address, said:

"Every victory has its wounded and fallen, even on the side of the victors. In every march there are those who faint by the way, not always by fault of their own. And it is for the strong and brave, for those who win the laurels, to succor their comrades to whom fate has been less kind."

INSULTS TO THE MEDICAL PROFESSION.—The first item of this character to which we call the attention of the profession, is the recent action of the Red Star Line Atlantic Steamship Company, sailing between Antwerp and Philadelphia and New York. According to law, all passenger steamers are required to employ ship surgeons; and with the exception of this line, the medical officers are assigned quarters and mess with first-class passengers, which is eminently proper. During the past year, however, the Red Star Line has seen fit to order the surgeons to mess at the second-class table; and they are treated in other respects as second-class passengers, an indignity which we think the medical men of the United States will not be slow to resent, as there are other lines, equally well managed, which physicians can select for their patients going abroad. Corporations of the kind ought to be taught that they cannot heap such indignities on the profession with impunity.

The other is even worse than the first, and is of the most delicate character, showing that death itself does not lay an embargo on the efforts to obtain business. We refer to the late developments concerning the London undertakers, who it seems do not scruple to send "private and confidential" letters to physicians, offering them a commission ranging from five to twenty per cent. of the expenses of the funeral, and no questions asked. Truly, this is enterprise worthy of American imitation, but we question the possibility of its ever reaching a marked stage of development in a democratic civilization.

COLLEGE GOSSIP.

Jefferson Medical College.

Dr. John D. Mercur has removed from Philadelphia to Scranton, Pa., and is building up a very fine practice.

Dr. D. P. Maxwell (Class of 18—) has been elected Secretary of the Scott County Medical Society, Davenport, Iowa.

Dr. John B. Roberts (Class of 1874) is Chairman of the Committee of Arrangements of the Pennsylvania State Medical Society.

Dr. G. E. Crowell (Class of 18—) died last month at Sullivan, O., where he had been engaged in practice, at the early age of thirty-one years.

Married on November 21, 1883, by the Rev. Tully Choice, Dr. A. M. Clinkscales (Class of 1877) and Annie E., daughter of W. J. Deuperee (Class of 1848).

Professor John H. Brinton delivered the annual address before the Philadelphia Academy of Surgery, on Monday evening, January 7th. Subject: "Surgical Traditions."

Sims' Monument Fund. Dr. Fordyce Barker is Chairman and Dr. Geo. F. Shrady Secretary of a Committee formed to obtain funds for the erection of a monument to the late Dr. J. Marion Sims.

Dr. J. S. Love, of Springville, Iowa, has just returned from California, and in a gushing communication to the Springville New Era he recounts his experience in "Our Western Wonderland."

Medical Department University of Michigan.

Dr. David Ward (Class of 1851) is reported to be the richest man in Michigan. His wealth is the result of careful investment in pine lands at an early day.

Dr. F. P. Mall (Class of 1883) is pursuing his studies at Heidelberg University.

The Microscope, edited by Professor Chas. H. Stowell, has been changed from a bi-monthly to a monthly.

Professor V. C. Vaughan has retired from the editorial control of the Physician and Surgeon. He is succeeded by Dr. George A. Hendricks, Lecturer on Anatomy.

University of Pennsylvania.

Dr. William H. Hooper (Class of 1848) died at his residence in this city last month at the age of sixty years.

Dr. Thomas S. Kirkbride (Class of 1832) died last month at the age of seventy-five years. Dr. Kirkbride for the past forty-three years had been Physician-in-Chief and Superintendent of the Pennsylvania Hospital for the Insane in West Philadelphia.

College of Physicians and Surgeons, New York.

Dr. W. B. Hawkins (Class of 1881) is located at 284 Niagara St., Buffalo, N. Y.

Dr. J. Walter Lyman (Class of 1881) has removed to 452 West 34th St.

Dr. J. S. Foote (Class of 1881) has removed from 544 Claremont Ave. to 25 East Chester Park, Boston, Mass.

University Medical School, N. Y.

Dr. E. E. Swift (Class of 1880) has removed from Hamden, Conn., to 125 East 86th St., New York City.

Dr. J. J. S. Doherty (Class of 1874) was re-elected Nov. 4., 1883, Register of Vital Statistics for New Haven City.

Dr. Edward Gager Fox (Class of 1873) is engaged in practice with his father, Dr. Roswell Fox (Class of 1847) at Wethersfield, Conn.

Dr. Thos. W. Perry (Class of 1846), of Providence, R. I., died suddenly on January 5th of angina pectoris, at the office of Dr. Bowditch, in Boston.

Dr. Chas. Jas. Fox (Class of 1876), of Willimantic, Conn., is the Medical Examiner under the Coroner's System, for Willimantic and vicinity. Dr. Fox has recently been appointed U. S. Pension Examining Surgeon.

Dr. Agustin M. Fernandez (Class of 1881) is the editor of El Repertorio Médico, published by William Wood & Co., of this city, since the death of Dr. De Lund in March last. Dr. Fernandez has recently been appointed Corresponding Member of the Havana Society for Clinical Studies, and Correspondent of the Revista de Medicina y Cirujia Prácticas, published in Madrid, Spain.

Harvard Medical School.

Dr. W. F. Morrison (Class of 1882) is located at 74 Broadway, Providence, R. I.

Professor Calvin Ellis (Class of 1849), Professor of Clinical Medicine, and until quite recently the Dean of the Faculty, died last December after a long illness, which he himself diagnosticated as ulcer of the duodenum—correctly, as the *post-mortem* examination showed. The immediate cause of death was peritonitis due to perforation.

Yale Medical College.

Dr. W. W. Hawkes (Class of 1872) has removed from Bradford, Conn., to New Haven, Conn.

Dr. W. H. Hotchkins (Class of 1881) has resigned the Chair of Demonstrator of Anatomy.

Dr. C. Purdy Lindsley (Class of 1878) has been appointed Demonstrator of Anatomy.

Dr. T. Mitchell Prudden, of New York City, is Lecturer on Normal Histology.

Bellevue Hospital Medical College.

Dr. O. D. Dodson (Class of 1883) is located at Portland, Oregon, in partnership with Dr. J. A. Chapman, and is having a very good practice.

Candidates for graduation are quite busy making preparations for the commencement in March. The exercises will be held in the Academy of Music.

There are here about 580 students. Out of this number some 150 aspire for the final degree the latter part of next month.

The Faculty of Bellevue Hospital Medical College entertained the students at the Academy of Medicine on New Year's day. Professors Doremus, Janeway, Mott, the two Flints, and Robinson acted as masters of ceremonies.

In the wake of the New Year's festivities the students of Bellevue were called on to mourn the loss of one of their classmates,—Mr. Frank B. Cushing. Since the term commenced three members of the class have deceased: John W. Pilkington, of Sedalia, Mo.; Leslie A. Smith, of Plymouth, N. H.; F. B. Cushing, of Skowhegan, Me.

The following named gentlemen were elected by the class to prepare suitable preamble and resolutions on the death of their classmates: O. A. Willard, Massachusetts; N. E. McIntire, New Hampshire; E. R. Osterlout, New York; J. M. Hyde, Ohio; W. E. Emery, Maine.

J. J. Cavenaugh, of Easton, Pa., has been elected President of the graduating class, and N. S. James, of New York City, Secretary. Both are very pleasant and amiable gentlemen and make excellent officers.

The bright, beaming, good-natured countenance of Professor L. A. Sayre has again appeared before his admiring class. The Professor suffered from articular rheumatism during the early part of the term and was unable to lecture. His *début* amounted to an ovation.

Dr. Jennie McGowan, President of the Scott County Medical Society, Davenport, Iowa, delivered an interesting and instructive address on the subject of suicide, at a recent meeting of the society. Dr. McGowan is the first lady who has been honored with the position of president of a regular medical society in this country, if not in the world.

MEDICAL NEWS AND MISCELLANY.

A Brilliant Reception.—Entertainment to the Trade Association of Philadelphia Druggists. On the evening of December 28th, Dr. Lawrence Wolff, President of the Trade Association of Philadelphia Druggists, gave an elegant reception to the members of that body at his residence, No. 333 South Twelfth Street. The rooms were profusely decorated with floral designs and hot-house plants, while the light from the numerous chandeliers lit up the handsome apartments with great brilliancy. Invitations had also been extended to many prominent physicians and leading citizens. The collation spread out was bounteous, and offered a profusion of delicacies both in and out of season.

Amongst those present were Hon. S. G. King, Emeritus Professor S. D. Gross, Col. A. K. McClure, Professor S. W. Gross, Professor Henry C. Chapman, Professor J. H. Brinton, Professor John M. Maisch, Dr. J. V. Shoemaker, Dr. J. G. Lee, Dr. P. D. Keyser, Rev. G. W. Hodge, Rev. G. O. Buckly, Professor Samuel V. Sadtler, A. B. Brown, of Camden, Drs. Lawrence and Chas. L. Turnbull, W. J. Jenks, Caleb E. Needles, W. Hazelton, Jr., Dr. J. G. Allen, Dr. W. B. Atkinson, Dr. T. H. Andrews, Dr. M. Landesberg, Dr. Joseph W. Hearn, C. W. McKeehan, Dr. A. K. Minich, Charles Bullock, M. R. Warner, Robert England, George L. McKelway, James T. Shinn, Alonzo Rollins, John Wyeth, Samuel H. French, D. Jamison, Jr., Andrew Blair, J. H. Ricksecker, of Lebanon, Dr. Thomas Hay, W. H. Morrison, Thomas L. Buckman, John H. Rudolph, Dr. J. U. Barton, Dr. Price, Mr. Hancock, C. P. Smedley, Dr. J. T. Eskridge, Mr. Aschenback, James G. Wells, W. H. Poley, Messrs. Newbold Bros., Dr. George Frubis, John W. Rank, H. P. John, Dr. W. S. Wolford, A. G. Clay, A. B. Wendel, Dr. A. W. Miller, W. Schaefer, Dr. John Aulde, Dr. Thomas H. Fenton, Dr. J. G. Hoskinson, H. L. Taggart, Wallace Proctor, Jr., G. W. Reed, W. H. Carslake, G. Pyle, Dr. J. Buck, D. G. Mussulman, J. J. Ottinger, George W. Kennedy, Dr. W. W. Moorehead, David Hilt, P. G. Weber, Charles W. Funk, Carl Edelheim, Harry C. Watt, Samuel P. Wright, W. B. Webb, D. S. Stackhouse, Mr. Van Buskirk, Mr. Appel, A. H. C. Rowand, Messrs. Drueding Bros., Decatur Milligan, M. C. Kreitzer, Harry B. French, John Cummings, Professor Bedford, of New York, and many others.

The Sanitarian, after a year's trial as a weekly, has returned to the regular monthly form, the January issue of this enterprising journal being a handsome octavo of ninety-six pages. The editors are doing a good work for the public, and the paper deserves a wide circulation.

Twenty-Sixth Anniversary.—Dr. and Mrs. J. T. Hampton, of Philadelphia, celebrated the twenty-sixth anniversary of their wedding on the evening of January 5th, at their residence, No. 804 North Broad Street. There were present to greet them on this happy occasion the members of the family and many personal friends, and all were most cordially received by the Doctor and his happy and still youthful wife, and an agreeable evening was passed in their well-arranged and beautiful home. The Doctor, who has been in practice for many years, and who has a large *clientele*, certainly deserves the comfort and luxury which follow the diligent and well-directed efforts of a faithful and conscientious physician.

Among the friends were Dr. and Mrs. A. P. Brubaker, another happy pair just beginning life. A bountiful and choice supper was provided for the guests of the evening, and with toasts and best wishes of the family and friends for many happy returns of the anniversary, closed a most pleasant evening's entertainment.

Scarlet Fever in Horses.—From a late issue of the Scientific American we learn that Dr. J. W. Steckler, of Orange, N. J., has obtained remarkable results with equine virus sent him by Dr. Williams, of Edinburgh. He has thus far inoculated twelve children, who were afterwards exposed to scarlet fever, but none of them took the disease. Colts were inoculated with the virus and the disease reproduced, but it did not have this effect when calves were inoculated, thus showing that cattle are less susceptible. An instance occurred where several children were inoculated after the disease had made its appearance in the same room in which they were all living, and although some of them took the disease, a majority of them escaped.

Philadelphia County Medical Society.—A stated meeting of the society was held on Wednesday, January 2d, at 4 P.M. The following is the list of officers elected: Dr. Wm. M. Welch, President; Drs. Wm. M. Forbes and S. R. Knight, Vice-Presidents; Dr. Henry Leffmann, Reporting and Recording Secretary; Dr. M. S. French, Corresponding Secretary; Dr. Wm. C. Hollopeter, Assistant Secretary; Dr. L. K. Baldwin, Treasurer; Dr. C. M. Seltzer, Librarian; Dr. H. St. Clair Ash, Censor.

Medical students who expect to be complimented and honored with a diploma the coming spring should look into the suggestions of Dr. Carpenter, that the life history of the yeast-plant should be studied. He states that he has always been a believer in the great polymorphism of the "saprophytic" fungi, and here, evidently, is a fine opportunity for a "rising" young man.

THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—The annual meeting of the society will be held at Philadelphia on May 14, 15, and 16, 1884, in the assembly-room of the Union League, Broad and Walnut Streets. The President's reception and the entertainment by the Philadelphia County Medical Society will be held on the evening of May 14th at the Pennsylvania Academy of the Fine Arts, Broad and Arch Streets.

The by-laws require the programme of the meeting to be printed and distributed at least one month before the date of the meeting; and no voluntary paper is allowed to occupy more than twenty minutes in its reading.

Notice is hereby given that all those who wish to present papers should send the full title and a short abstract of the same to the Committee on Arrangements, on or before March 1, 1884, in order that a varied and attractive programme may be prepared.

No paper will be selected for a position upon the programme of the meeting unless an abstract has previously been seen by the committee.

JOHN B. ROBERTS, *Chairman*,
1118 Arch Street, Philada.

By order of the Committee.

ARCHIVES OF PEDIATRICS.—A new monthly journal devoted to the diseases of infants and children has adopted the foregoing title, the first number being dated January 15th. The journal is edited by Dr. William Perry Watson, of Jersey City, and there are a large number of collaborators. The first number comes to us with two original communications, both being especially interesting, along with a clinical lecture. Departments are added containing clinical memoranda, translations, and abstracts, and the entire sixty-four pages present a formidable appearance. It is not necessary for us to say anything of the value of a journal of this character; and as it is the only publication of the kind in this country, we bespeak for it a favorable reception at the hands of the profession.

A new departure has been instituted by this journal, which will be understood by an extract from the prospectus: "No advertisements will be published, the support of the Archives being wholly dependent on the co-operation of the medical profession."

The Medico-Legal Journal, published by the Association at New York, the December number of which has been received, is an octavo of one hundred and sixty-eight pages, and contains a mass of information which cannot be other than acceptable and valuable to many who are at present giving the subject of Psychiatry and Neurology attention. Information on these and kindred topics will be found in it from all parts of the globe.

PHILADELPHIA POLYCLINIC.—The Polyclinic Dispensary treated 3301 new patients between March, 1883, and Jan. 1, 1884. The different classes in special medicine and surgery have had 72 pupils.

A NEUROLOGICAL SOCIETY IN PHILADELPHIA.—A number of prominent neurologists of this city recently held a meeting at which resolutions were adopted with a view to the organization of a neurological society. Dr. Kerlin presided, and Drs. Mills, Sinkler, Chase, Eskridge, and Brubaker were appointed a committee on organization.

MEMORIAL TO THE LATE DR. DARWIN.—A mural tablet has been erected in the Free Christian Church, Shrewsbury, upon which is the following inscription: "To the memory of Charles Robert Darwin, author of the 'Origin of Species.' Born in Shrewsbury, Feb. 12, 1809. In early life a member of and a constant worshipper in this church. Died April 19, 1882.'"

MR. JONATHAN HUTCHINSON.—The students and graduates from the London Hospital have subscribed the sum of $2000 as a testimonial fund for Mr. Hutchinson. Part of this has been set apart as a fund for a biennial prize essay on clinical surgery, while the remainder has been used in the purchase of a personal testimonial, which has been formally presented.

THE MEDICAL HERALD.—Dr. Reynolds, of Louisville, Ky., having retired from the editorial chair of this journal, the duties have been assumed by Drs. Edward Miller and W. H. Galt. We welcome these gentlemen to the ranks, and trust they may find more roses than thorns, as did Dr. Reynolds.

A bill introduced in Congress previous to the holidays provides for the erection of a brick and metal fire-proof building to be used for the safe keeping of the records, the library and museum of the Surgeon-General's office of the United States Army, the cost of the building completed not to exceed the sum of $200,000.

SALE OF POISONS.—A druggist in Waterbury, Conn., has been sued for selling Fowler's solution without a prescription, and without labeling the bottle "poison," and he sets up the defense that Fowler's solution is not a poison within the meaning of the law. The apothecary was convicted, but has appealed. It might be added in regard to this remedy, which is often used by physicians, so much so that many of the laity think they sufficiently understand its therapeutical value, that much harm follows its indiscriminate use, and frequently this is due to the carelessness of the prescriber. In view of the organic mischief which may follow its continued use, it would be well if physicians, when prescribing it, would mark the prescription "not to be renewed."

At a meeting of the Executive Committee of the "Wood Medical Journal Club," held Dec. 21, 1883, it was

Resolved, That in the death of Dr. William H. Hooper this club, in common with the medical profession of the city of Philadelphia, has lost a member conspicuous alike for the breadth of his culture, the soundness of his judgment, and the urbanity of his manners.

Resolved, That we recognize in his acknowledged success as a practitioner, the merited reward of long years of patient study preliminary to as well as during his special preparation for professional life.

Resolved, That a copy of these resolutions be sent to the family of the deceased, and to the Medical Times, THE MEDICAL BULLETIN, and the Medical and Surgical Reporter.

Signed, W. R. D. BLACKWOOD, *Secretary.*
BENJAMIN LEE, *Chairman.*
For the Committee.

"FIXED IDEAS."—A grand central depot for the reception of ebullitions of "cranks" has recently been established in England by the organization of "The Society for Psychical Research." A series of serio-comic interrogatories are being sent out for the purpose of obtaining information in regard to hallucinations, dreams, ghosts, spectres, mysterious shades, coincidences, etc., etc., and the Lancet, ever on the alert, is disposed to question the right of any "society" of presumably sane men to instigate the crazy public to formulate its "mysterious experiences," and doubts whether this sort of thing ought to be allowed. The Lancet probably goes on the principle that legal restrictions should be enacted to prevent people from making fools of themselves, but its efforts in this direction will doubtless prove a thankless task.

The Analectic is the name of a new monthly journal to be published by G. P. Putnam's Sons, the prospectus of which we have just received. It will be composed largely of selections from the current medical literature of the day, which will be classified under various headings for convenience of reference, the object being to make it valuable alike to the specialist and the general practitioner. There are undoubtedly many who have but little time for reading to whom such a journal will be especially acceptable.

The Medical Age comments somewhat adversely on the fact that a half dozen St. Louis doctors have given their official endorsement to "coca-plug," but the editor has overlooked the possible conditions which influenced this action, viz., that this is the first opportunity they have had of coming before the public as members of the "Plug Association."

NOTES, QUERIES, AND REPLIES.

TO DESTROY THE ODOR OF IODOFORM.

Editor Medical Bulletin.

I have lately remarked that the intense odor of iodoform is almost destroyed by the admixture of oleate of zinc, in equal proportions. As the application of the preparations of zinc is suggested in many cases calling for the employment of iodoform (such as phagedenic ulceration, chancroid, etc.), I have ventured to call attention to the fact, more especially as iodoform is too irritating in many cases when used alone.

The combination forms an excellent powder, soft and bland; and supplies its own moisture, in contact with the diseased surface, by virtue of the oleic acid.

LOUIS LEWIS, M.D.
1632 VINE STREET.

BOOK REVIEWS.

A Practical Treatise on the Medical and Surgical Uses of Electricity. Including Localized and General Faradization, Localized and Central Galvanization, Franklinization, Electrolysis, and Galvano-Cautery. By GEO. M. BEARD, A.M., M.D., and A. D. ROCKWELL, A.M., M.D. Fourth edition, revised, with nearly two hundred illustrations. Cloth, 8vo. Pp. 758. New York: William Wood & Co., 1883.

The fourth edition of this massive undertaking will be welcomed by every practitioner who is interested in the study of electricity and its value as a therapeutic agent. The only exhaustive work on the subject by American authorities, it has for many years been the accepted text-book in this department of medical science, and the successive issues of the work have been kept abreast of the most recent discoveries in this field of investigation. Of the claims of this latest edition for recognition much could with propriety be said, but the well-known character of the work precludes the necessity for laudation, although the duties of the reviewer would be but imperfectly performed were he to omit some reference to the new features which have been introduced under the able editorship of Dr. Rockwell. "The chapter on Franklinic Electricity has been entirely rewritten. This was rendered necessary by the many improvements in apparatus and appliances, and its great value as an adjunct or supplement to dynamic electricity. . . . . But perhaps the most important of the new matter that has been introduced relates to the experience of the author in the treatment of extra-uterine pregnancy. Formerly, as is well known, these cases resulted either in immediate death, through rupture of the distended

tube, or in protracted suffering, with frequently a fatal ending, through the efforts of nature to rid itself of the fœtal mass. The only other alternative was the knife, with its attendant dangers. By the method described, however, and used with such complete success in every instance, this abnormality of pregnancy need not in the future be regarded as such a dreaded complication as it has been in the past."

Although Dr. Beard has passed from among the living, this monument of his untiring energy and labor will keep his memory ever green and fresh in the minds of those who follow in his footsteps, and this revision which has just issued from the hand of his collaborator is the best evidence that in the future as in the past the work will be looked upon and accepted as a guide and text-book.

An Ethical Symposium. By Drs. Alfred C. Post, William S. Ely, S. Oakley Vanderpoel, Lewis S. Pilcher, Thomas Hun, William C. Wey, John Ordronaux, Daniel B. St. John Roosa, Cornelius R. Agnew, Abraham Jacobi, and H. R. Hopkins. Cloth, 12mo. Pp. 213, New York: G. P. Putnam's Sons, 1883. For sale by F. A. Davis, Philadelphia.

"An Ethical Symposium," as it appears in this little book, when divested of its literary features, is simply a plea for the New York Code, and from the standpoint of a disinterested spectator it would seem that the argument on which greatest stress is laid, when analyzed by the logic of calm reasoning, utterly falls to the ground. The strong point put forward is the marked success which has crowned the efforts of Hahnemann's followers, who were ousted by the regulars for enlisting under the banner of *similia similibus*. Not as a threat nor as a warning have the believers in the New Code advanced the notion that to this action alone may be traced the influence now wielded by the upholders of the Homœopathic dogma, but it seems to be the constant refrain; and still they are unmindful of the inevitable conclusion which must follow such a process of reasoning, viz., that in the near future the voice of the people will elevate them to the high pinnacle supposed now to be occupied by their much maligned, but virtuous and legally qualified homœopathic brethren. Such being the case, their *bête noir* resolves itself into a man of straw, and the demon which they would have us believe threatens their extermination is in reality a blessing in disguise.

In the estimate of the bearings of any question in dialectics, it comes properly within the scope of the impartial critic to consider the logic as well as the diction of a literary production, and from this point of observation the arguments have been studied, the pros and cons of the case fairly considered, and the final conclusion is the Scotch verdict, "Not proven." The combined offerings must be regarded rather as an exhibition of a stereotyped cast of thought than of comprehensive wisdom. Other and more potent reasons, perhaps, can be advanced by these gentlemen for their action in this matter, and some of them have been referred to, but the glamour of the one-idea system apparently sheds such a halo of happiness around them that the solidarity of scientific medicine is either eclipsed or produces nothing more than a beautiful but evanescent *mirage*.

Types of Insanity. An Illustrated Guide in the Physical Diagnosis of Mental Disease. By ALLAN MCLANE HAMILTON, M.D., one of the Consulting Physicians to the Insane Asylums of New York City, and the Hudson River State Hospital for the Insane, etc. 4to. Pp. 36. Plates with text, x. New York: William Wood & Co., 1883.

In the preparation of this work Dr. Hamilton has anticipated the wants of his readers, both specialists and the general practitioners, by adding to the text a number of plates which have been reproduced from instantaneous photographs. Being illustrative of distinct types of insanity, the text, although not extended, is by this means made doubly valuable. His descriptions are concise, yet clear and comprehensive, and with the aid furnished by the plates, cannot fail to render important service to the profession.

It should be added that Dr. Hamilton has made such use of the advantages afforded by connection with asylums, that he has earned a reputation which entitles his statements to be ranked as authoritative. A chapter is devoted to the description of the condition of the special organs in those cases where insanity has already made its appearance; another to a discussion of the condition of the bodily functions; while a third gives an interesting *résumé* of the points to be observed in the examination of the insane, and the whole forms a succinct and valuable abstract, which no doubt will be highly appreciated by those for whom it is intended.

The Untoward Effects of Drugs, a Pharmacological and Clinical Manual. By DR. L. LEWIN. Second edition, revised and enlarged. From the German, by J. J. MULHERON, M.D. Detroit, Mich.: George S. Davis, Medical Publisher.

This useful little volume is a collection of the incidental effects of medicines, aside from their usual manifestations in the treatment of disease; it recounts also their poisonous and destructive action upon the organism. It comes from a keen observer, already well known by his contributions to medical literature, and a close student of the remedial properties of therapeutic agents. The book is the result of personal observation as well

as extensive reading, and is an almost absolutely necessary addition to the library of the student of therapeutics. Without knowing the toxic and incidental effect of medicines, it is scarcely safe to push a remedy to the often necessary limit, nor will the physician be able to recognize individual idiosyncrasies for one or the other substance. After discussing at length the methods of observation, and classifying them as tonics, astringents, alteratives, excitants, narcotics, evacuants, emollients, and rubefacients, the author treats of the drugs individually, selecting those which frequently manifest peculiar effects or by their nature are calculated to produce over-effect. The translation by Dr. Mulheron is the only one authorized by the author, and its rendition well merits this confidence. Its typography and mechanical execution leave nothing to be desired, and it certainly deserves to be placed in the hands of every practitioner and student.

Transactions of the Medical Association of Georgia. Thirty-fourth Annual Session. Cloth, 8vo. Pp. 275. Published by the Association. Atlanta, Ga., 1883.

Amongst a number of interesting articles which form profitable reading in this volume we may, without disparagement to any of the other contributors, mention the paper of Dr. Means on Climate, that of Dr. R. J. Nunn on the Diseases of Women, a paper on Cerebro-Spinal Meningitis by Dr. W. B. Wells, and that of Dr. George H. Noble on the Use of Pessaries.

The paper of Dr. Howard J. Williams on "The Carbolic Acid and Iodine Treatment of Typhoid Fever" is of special value at the present time, and the careful observations he has so thoroughly developed in the way of statistics will become of more than ordinary value to those who may wish to investigate further this matter.

The volume is well printed on good paper, elegantly bound, and is creditable alike to the contributors and the Association.

Burr's Index to Medical Subjects, adapted to the special use of Physicians and Surgeons. Half Russia, 4to. Manufactured by The Burr Index Co., Hartford, Conn. Price $4.50.

It has been said that one's books, like his friends, should be few but good, and that in order to appreciate them he ought to know them well. *Au contraire,* the physician has need of many books, and should know them all well. Now, the index which has been described above, will materially aid in the accomplishment of this laudable object, and those who have not already adopted some such method will soon find that they are constantly losing ground, whilst others who may have far less natural abilities and qualifications are leading them at every turn. Success, while it depends largely on labor, is none the less dependent on system, in order that energy may be judiciously directed, and just here a method of indexing steps in to supply an important vacancy.

Much time has been given to the matter for the purpose of determining the amount of space likely to be required under the different letters, the subjects being arranged according to the first two letters, and by means of a projecting alphabet and thumb-hole cuts, the book becomes substantially an instantaneous reference. It is certainly one of the most perfect arrangements for the purposes intended.

NEW PUBLICATIONS RECEIVED.

Fifth Annual Announcement of the Central College of Physicians and Surgeons, Indianapolis, Ind. Session of 1883–84.

Announcement of the Regular Session of 1884 of the Hospital College of Medicine, Louisville, Ky. Wm. H. Bolling, M.D., Dean.

Tenth Annual Report of the Maternity Hospital, 734 South Tenth Street, Philadelphia, formerly the State Hospital for Women and Infants.

A Series of Pamphlets from Dr. J. B. Mattison, Brooklyn, N. Y.: The Treatment of Opium Addiction; its Curability; Clinical Notes on; a Personal Narrative of; Neurotic Pyrexia, with special reference to; also Opium Addiction among Medical Men.

The Biographical Magazine, an Illustrated Monthly, is a new candidate for public favor. The first number comes to us with twenty-six sketches and as many wood-cut portraits of prominent men and women in this and other countries.

A Review of New Drugs and Remedies Introduced during the last Ten Years. By L. Wolff, Pharmaceutical Chemist, Philadelphia. Reprint of a paper presented to the Pennsylvania Pharmaceutical Association. Harrisburg: Lane S. Hart, 1883.

A Catalogue of Medical and Surgical Books, Periodicals, and Transactions from the libraries of two physicians lately deceased, which are offered at very low prices by Robert Clark & Co., Cincinnati. Copy sent to any address upon application.

The Electro-Osteotome. A new instrument for the performance of the operation of osteotomy. By Dr. M. Josiah Roberts, Professor of Orthopœdic Surgery and Mechanical Therapeutics in the New York Post-Graduate Medical School, etc.

A Case of Severe Purulent Inflammation of the Middle Ear, with Restoration of the Drumhead. Consecutive Dentalgia without Caries. By Edward S. Peck, M.A., M.D., Ophthalmic and Aural Surgeon to Charity Hospital, New York. Reprint from The Independent Practitioner.